Integration of services for HIV/AIDS and sexual and reproductive health

Pilot projects in India have paved the way for wider use of effective models, strategies, and tools

❋PATH

Background

In India, the HIV epidemic is concentrated in groups such as sex workers, people who inject drugs, and men who have sex with men. These groups are called "key populations" because they are most directly and acutely affected by HIV and because they are key to the response to HIV. These populations are highly stigmatized by society and have great difficulty accessing critical health services, including services to address reproductive health needs.

At the same time, a substantial proportion of men and women of reproductive age in India suffer from reproductive tract or sexually transmitted infections. Most of these infections, which can increase the risk of HIV, go undetected.

Services for people living with HIV or at high risk of HIV are often offered through providers and programs separate from those concerning sexual and reproductive health (SRH). Typically, HIV/AIDS services do not adequately address family planning or other SRH issues, and SRH services frequently give scant attention to HIV/AIDS. To improve care related to both types of health concerns, PATH and other groups have championed user-centered integration of services—also known as "convergence."

What does convergence entail?

At a minimum, convergence involves setting up systems for mutual referrals and communication, so women and men who access HIV/AIDS services are referred to appropriate SRH services, and vice versa. Convergence can also mean developing dual-purpose interventions. Examples of convergence include:

- Combing the diagnosis and treatment of sexually transmitted infections (currently provided at designated clinics) with care for reproductive tract infections (currently provided through obstetrics and gynecology outpatient services).
- Counseling parents on preventing mother-to-child transmission of HIV (currently part of HIV services) during prenatal visits and delivery (currently part of obstetrics and gynecology services).
- Adding voluntary counseling and testing for HIV to family planning services.
- Introducing family planning services in HIV clinics.

Convergence has many potential benefits. For example, increased access to SRH services among those living with HIV can help to prevent unwanted pregnancy and therefore reduce the number of babies with HIV. Likewise, increased access to information about HIV among those receiving SRH services can help to curb HIV infection. Overall, convergence makes for more efficient use of resources to address clients' health needs and increases access to both HIV and SRH services. It can also help to eliminate discrimination against people with HIV in the provision of health services.

PATH's work to implement convergence in India

"Now, family counseling has improved, and stigma and discrimination regarding HIV/AIDS has considerably reduced. I personally feel that this project has contributed a lot to this positive experience."

– HIV-positive woman

Although the government of India has recognized the need for convergence, implementation has been hampered by lack of evidence on how best to accomplish this in various settings. PATH's work to research and pilot convergence in India has provided valuable information and lessons that will help to guide future work. This work has been funded by the David and Lucile Packard Foundation, the William and Flora Hewlett Foundation, and the UK Department for International Development.

In 2006 and 2007, in the first phase of our convergence work in India, PATH conducted formative research on opportunities for service integration and potential challenges. We interviewed hundreds of people living with HIV or at high risk of HIV, service providers, and policymakers in four states: Andhra Pradesh, Bihar, Maharashtra, and Uttar Pradesh. A key finding was that sex workers and people living with HIV preferred using HIV service providers because of the stigma and discrimination they experience when accessing mainstream health services.

PATH identified two main options for strengthening government SRH services for people with HIV or at high risk of infection:

- Promoting access to mainstream SRH and maternal and child health services for key populations—at district hospitals, community health centers, primary health centers, and other locations.

- Integrating SRH services within HIV-related interventions by nongovernmental organizations (NGOs), HIV counseling and testing centers, and antiretroviral therapy centers.

In the second phase of our work, PATH piloted convergence projects in Andhra Pradesh and Bihar. Both projects sought to increase demand for integrated services while improving service supply. We worked with civil society groups to develop communication strategies and materials to increase demand for HIV and SRH services, especially among people living with HIV or most at risk of infection. We also helped to train hospital staff and private health care providers to reduce stigma and address the SRH needs of key populations.

Figure 1 depicts the district model approach that PATH used. This approach was based on the findings of formative research and on consultations with stakeholders.

> **Convergence projects in Kenya and South Africa**
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> PATH has also conducted convergence projects in Kenya and South Africa, where we tested convergence approaches as leveraged initiatives with larger programs, such as the US President's Emergency Plan for AIDS Relief. In Kenya, we worked in one rural district to link married adolescent girls with family planning information and services. In South Africa, we trained selected health workers to provide family planning and counseling along with services to prevent mother-to-child transmission of HIV.

Figure 1. District model approach to convergence showing key players, main activities, and linkages.
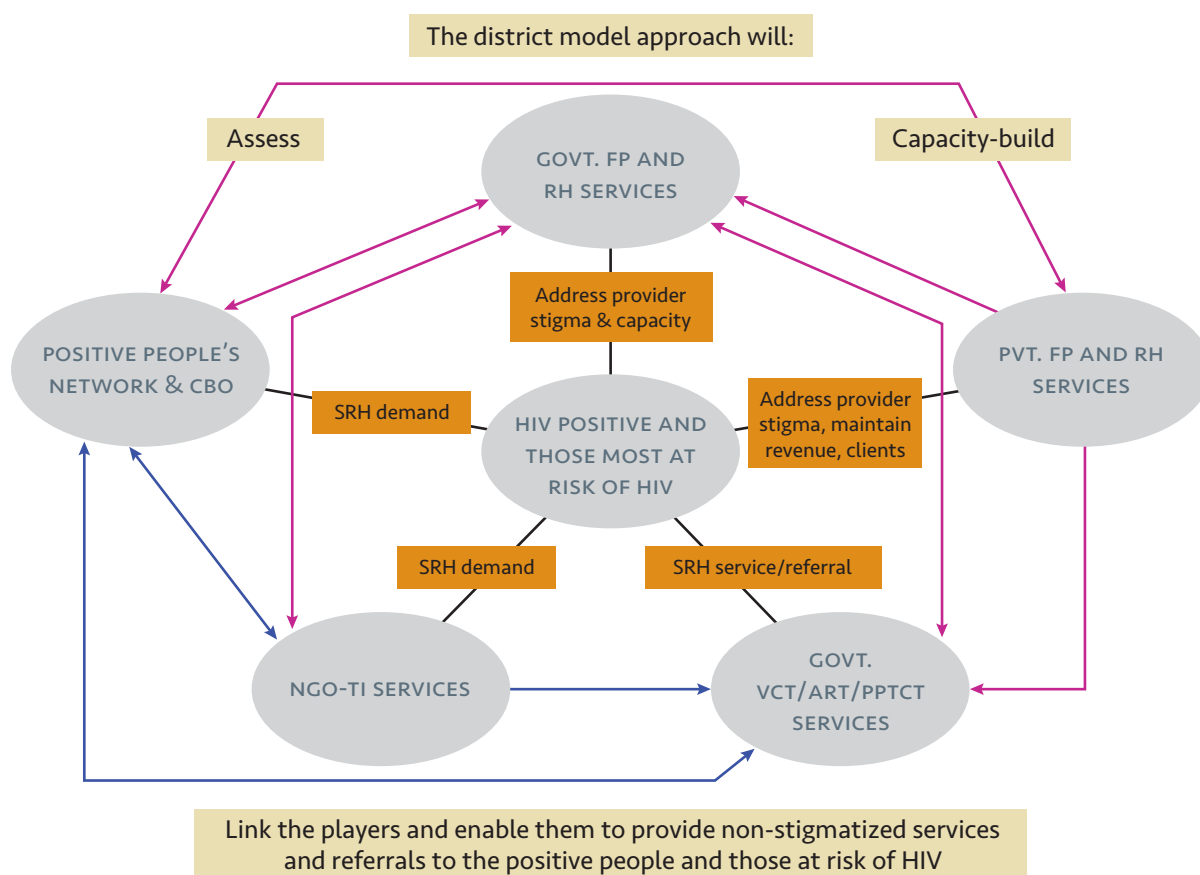
Notes: GOVT. FP AND RH SERVICES = government family planning and reproductive health services; PVT. = private; VCT = voluntary counseling and testing; ART = antiretroviral therapy; PPTCT = prevention of parent-to-child transmission; NGO-TI = nongovernmental organization-targeted intervention; CBO = community-based organization.

The purple arrows denote linkages that were weak or did not exist and that the project needed to strengthen. The blue arrows denote strong linkages that already existed.

The projects' main strategies and interventions included:

- Creating partnerships with key players in the government and private sector. This included holding semiannual, district-level meetings for stakeholders to make plans and review progress.

- Analyzing the capacity of health care facilities, NGOs, community-based organizations, and other groups to provide SRH information and services to those with HIV or at high risk of infection.

- Training outreach workers in interpersonal communication methods to create awareness of and mobilize demand for SRH services among people living with HIV and other key populations.

- Building the capacity of health care providers to provide SRH services to these populations.

- Convening face-to-face meetings of service providers and key populations.

- Including people from the HIV/AIDS community as sources of information for health facilities.

- Collecting baseline and endline information at both the health care facility and community levels.

- Disseminating lessons learned and advocating at the local and national levels for scaling up convergence of HIV and SRH services.

Conclusions and lessons learned

"Previously, most of our target population [female sex workers] visited unqualified health care practitioners for treatment of sexually transmitted infections. Now they have knowledge on sexual and reproductive health problems, and they visit the government hospital's STI department."
        – Training facilitator

PATH's convergence projects in Andhra Pradesh and Bihar showed that a district-level approach to convergence of HIV and SRH services can increase access to SRH services for people living with HIV/AIDS or at high risk of HIV if both demand-side and supply-side interventions are implemented simultaneously. Project interventions led to substantial changes in providers' attitudes and practices regarding people living with HIV or at high risk of HIV. In addition, people with HIV or at high risk changed their health-seeking behaviors to begin seeking SRH services from government and private providers. The project also demonstrated that using problem-solving interpersonal communication on SRH and family planning issues is an effective strategy for enhancing utilization of SRH services within a relatively short span of time.

Based on the results of these pilot projects, PATH has identified six key steps to develop and scale up a model for convergence of HIV and SRH services.

Step 1: Start-up activities. This includes developing the project design, employing project staff, collecting background and baseline information, and signing memoranda of understanding with key stakeholders. Engaging key government departments such as the state health society, state AIDS control society, and the department of health and family welfare is essential to sustain and scale up convergence.

Step 2: Development of capacity-building and training materials. Local partners' capacities related to HIV/SRH convergence need to be strengthened.

Step 3: Advocacy. Advocacy needs to address a wide range of actors at the district and state levels. Convergence can succeed only if all key stakeholders are involved. Achieving endorsement from and participation of government departments requires persistence and rigorous follow-up.

Step 4: Implementation activities. Community representatives need to use appropriate interpersonal communication methods to raise awareness of and demand for health services that key populations

Improving communication between health care providers and members of the HIV/AIDS community

One of PATH's innovations in Andhra Pradesh was organizing interactions between members of the HIV/AIDS community and health care providers. The purpose of the face-to-face meetings was to increase mutual understanding of the challenges that clients face in accessing services and that providers face in delivering services. These meetings were also trust-building and problem-solving interventions.

Meetings led to a number of service improvements. For example, providers improved confidentiality of information related to clients' HIV status, and some facilities for the first time began offering family planning procedures and surgeries for people living with HIV.

require beyond HIV prevention, testing, and treatment. Face-to-face meetings of providers and clients can help to reduce stigma and improve service delivery.

Step 5: Monitoring and evaluation. It is important to have a local partner that can provide continuing support for monitoring and evaluation. Supporting field-level activities with a larger community of learning is vital.

Step 6: Reporting and information dissemination. Disseminating results and lessons learned to stakeholders is vital for ensuring sustainability of convergence projects. Dissemination may also be important for helping other states and other countries determine how best to implement convergence.

Looking ahead

Convergence of HIV and SRH services is a critical step in confronting the HIV/AIDS epidemic and addressing the family planning and SRH needs of vulnerable populations. PATH's long history of work in reproductive health, HIV/AIDS, and collaboration with a range of private- and public-sector partners has put us in an ideal position to create innovative solutions for service integration. Our pilot projects in India have used a district-level approach to successfully increase access to SRH services for people living with HIV or at high risk of HIV. This work will serve as a platform for expanding convergence to other regions.

For more information about PATH's experience and capabilities in convergence of HIV and SRH services, please contact:

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The PATH website, www.path.org, is another good source of information.

Selected PATH publications on service convergence

PATH. *Convergence of HIV and Sexual and Reproductive Health Services for People Living With or Most at Risk of HIV: A Toolkit for Building Capacity.* New Delhi: PATH; 2009. Available at www.path.org/files/CP_india_convg_tlkt.pdf.

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About PATH

PATH is an international nonprofit organization that transforms global health through innovation. We take an entrepreneurial approach to developing and delivering high-impact, low-cost solutions, from lifesaving vaccines and devices to collaborative programs with communities. Through our work in more than 70 countries, PATH and our partners empower people to achieve their full potential.

Headquartered in Seattle, Washington, PATH operates offices in 34 cities in 23 countries. PATH currently works in the areas of health technologies, maternal and child health, reproductive health, vaccines and immunization, and emerging and epidemic diseases.

For more information, please visit www.path.org.